Rate Floor Data

			Service and the control of		OMB Control Num		
SIOCK '	1 - Contact Inforn	nation					
ROW#	DATA ELEMENT			FORMAT OF REQUESTED DATA		RESPONSE	
1	Carrier Study Area Code			6 numeric digits	474427		
2	Carrier Study Area Name			alpha characters	Citizens Telecommunicati	ons Company of Idaho	
3	Service Provider Identification Number			9 numeric digits	143002528		
4	Residential Local Service Charge Effective Date			mm/dd/yyyy	6/1/2013		
5	Contact Name			alpha characters	Michael Saperstein Jr.		
6	Contact Telephone Number (include area code)			9 numeric digits	203-614-4702		
7	Sheet number			numeric digit(s)	1		
8	Total Number of Sh	eets		numeric digit(s)	1		
	Column 1 Residential Local Service Charge	Column 2 State Subscriber Line Charge	Column 3 State Universal Service Fee	Column 4 Mandatory Extended Area Service Charge	Column 5 Loops		
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16 17 18 19 20 21 22 23 24 25 26 27 28 29 30							

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING RATE FLOOR DATA ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Rate Floor Data										
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual rate floor data reported; and, to the best of my knowledge, the information reported on this form is accurate.										
Name of Reporting Caπier: Citizens Telecommunications of Idaho										
Signature of authorized officer					Date 6/21/13					
Printed name of authorized officer: Kenneth Mason										
Title or position of authorized officer: VP, Regulatory and Government Affairs Telephone number of authorized officer: (585) 777 - 5645										
Study Area Code of Reporting Carrier	474427		Filing Due Date for this form (mm/dd/yyyy)	7/1/201	3					